

## DHCS Quality Strategy Tracking and Evaluation

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Improve Psychotropic Medication Use for Children and Youth in Foster Care

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DHCS Academy

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**PROJECT TITLE**

**Appropriate Use of Diagnostics and Treatments**

**PROJECT AIM(S)**

This project is part of the Public Hospital Redesign and Incentives in Medi-Cal (PRIME) program, a component of the current 1115 federal waiver. Reduce inappropriate utilization of high-cost imaging, pharmaceutical therapies, and blood products by: (1) providing incentives to increase the use of cost-effective, evidence-based, targeted clinical services; (2) reducing broad-spectrum antibiotic use and decreasing inappropriate use of antibiotics; and (3) reducing hospital-associated *Clostridium difficile* infections.

**PROJECT START DATE**

07/01/2016

**PROJECT END DATE**

06/30/2020

**BASELINE METRICS/DATA**

Vary by health center

**TARGET METRICS/DATA**

Reported annually, next collection 03/2018

<b>BASELINE</b>	<b>TARGET</b>
Below the 25 <sup>th</sup> Percentile national benchmark	Achieve the 25 <sup>th</sup> Percentile
Between the 25 <sup>th</sup> and 90 <sup>th</sup> Percentile national benchmark	Close 10% of the gap between baseline and the 90th Percentile
Above the 90 <sup>th</sup> Percentile national benchmark	Maintain above the 90 <sup>th</sup> Percentile
For metrics without a national benchmark	TBD percentage improvement over baseline

**POPULATION**

Medi-Cal members, PRIME hospitalized patients, and providers

**PROGRESS TOWARD TARGET**

TBD

**PROJECT TITLE**

**Improve Psychotropic Medication Use for Children and Youth in Foster Care**

**PROJECT AIM(S)**

Achieve improved psychotropic medication use for children and youth in foster care by: (1) reducing the rate of antipsychotic polypharmacy; and (2) improving the monitoring of metabolic risk associated with the use of antipsychotics. Additionally, DHCS has joined a Centers for Medicare and Medicaid Services (CMS)-led affinity group to address antipsychotic drug use in children.

**PROJECT START DATE**

07/01/2012

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

- Rate of polypharmacy of  $\geq 2$  antipsychotics: 5.4%
- Rate of children and youth in foster care prescribed  $\geq 1$  antipsychotic medication that have an annual metabolic risk assessment: 48.6%

**TARGET METRICS/DATA**

- Reduce the rate of inappropriate antipsychotic polypharmacy to 0%
- Increase rate of children and youth in foster care prescribed with  $\geq 1$  antipsychotic medication who receive an annual metabolic risk assessment and evaluation to 80%

**POPULATION**

Foster children in Medi-Cal

**PROGRESS TOWARD TARGET**

- 5.8% (2013); 5.8% (2014); 4.1% (2015); 2.5% (2016) –lower score the better
- 50.0% (2013); 52.0% (2014); 53.0% (2015) 59.7% (2016)–higher score the better

**PROJECT TITLE**

**Perinatal Safety**

**PROJECT AIM(S)**

This project is part of the PRIME program, a component of the current 1115 federal waiver. (1) Decrease statewide Cesarean section (C-section) rate and variability in C-section rates in hospitals throughout California; and (2) improve maternal morbidity and mortality related to obstetrical hemorrhage statewide via a combined effort with the California Maternal Quality Care Collaborative, the Patient Safety First collaborative, and the Hospital Quality Institute.

**PROJECT START DATE**

06/2016

**PROJECT END DATE**

06/2021

**BASELINE METRICS/DATA**

Nulliparous Term Singleton Vertex (NTSV) C-section, unexpected newborn complications, and obstetrical hemorrhage metrics. Baseline data collection in progress.

**TARGET METRICS/DATA**

Targets will be determined once baseline data are available

**POPULATION**

All [PRIME](#) hospitals participating in the PRIME perinatal project serving Medi-Cal mothers and their infants; non-Medi-Cal mothers giving birth in PRIME hospitals

**PROGRESS TOWARD TARGET**

This project includes the 16 designated public hospitals (DPHs) and 4 district and municipal hospitals (DMPHs) participating in the PRIME perinatal project and will also incorporate the progress from [Smart Care California \(SCC\)](#), which is a public-private partnership including major payers in California, focused on improving rates of vaginal birth throughout the state. The PRIME DPHs have started to report their baseline metrics on C-sections, unexpected newborn complications, and obstetric hemorrhage. These DPHs are now starting to work on QI projects related to perinatal metrics and are participating in the [California Maternal Quality Care Collaborative](#), and submitting their data on a regular basis to the [California Maternal Data Center](#). The DMPHs are working on building their infrastructure in this area and data was submitted on 9/30/2017.

**PROJECT TITLE**

**Reduce Errors in the Ambulatory Care Setting**

**PROJECT AIM(S)**

This project is part of the PRIME Program, a component of the current 1115 federal waiver. (1) Ensure that abnormal test results are conveyed to the ordering clinician and appropriate follow-up is implemented; (2) ensure that patients on persistent medications are monitored annually; and (3) increase rates of cancer screening and completion of follow-up across targeted prevention services.

**PROJECT START DATE**

07/01/2015

**PROJECT END DATE**

06/30/2020

**BASELINE METRICS / DATA**

Vary by public hospital

**TARGET METRICS / DATA**

Reported twice yearly, next collection will be 3/30/2018:

<b>BASELINE</b>	<b>TARGET</b>
Below the 25 <sup>th</sup> Percentile national benchmark	Achieve the 25 <sup>th</sup> Percentile
Between the 25 <sup>th</sup> and 90 <sup>th</sup> Percentile national benchmark	Close 10% of the gap between baseline and the 90 <sup>th</sup> Percentile
Above the 90 <sup>th</sup> Percentile national benchmark	Maintain above the 90 <sup>th</sup> Percentile
For metrics without a national benchmark	TBD percentage improvement over baseline

**POPULATION**

Medi-Cal members in the ambulatory care setting

**PROGRESS TOWARD TARGET**

Ongoing

**PROJECT TITLE**

**Reduce Opioid-related Morbidity and Mortality**

**PROJECT AIM(S)**

Support the DHCS Opioid Abuse Prevention and Misuse Workgroup, which addresses issues on opioid prevention and misuse through: (1) the sharing of departmental updates on research, data, grants, policy, and current opioid issues; and (2) the ongoing development, implementation, and evaluation of policies and programs to reduce opioid-related morbidity in populations served by DHCS.

**PROJECT START DATE**

05/2014

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

TBD

**TARGET METRICS/DATA**

- 15% increase in number of active buprenorphine prescribers, patients receiving buprenorphine, and naloxone claims
- 15% decrease in all cause overdose mortality and opioid-related overdose mortality

**POPULATION**

Medi-Cal members and Californians at-risk of opioid misuse and Medi-Cal and non-Medi-Cal providers

**PROGRESS TOWARD TARGET**

Ongoing

## **PROJECT TITLE**

### **Reduce Overuse and Waste through Smart Care California (SCC)**

## **PROJECT AIM(S)**

In collaboration with Covered California and CalPERS, engage participants representing physicians, hospitals and health systems, health plans and other payers, purchasers, and consumer organizations in [SCC](#) to tackle the issue of overuse and promote safe, affordable health care in California by focusing on: 1) [C-sections](#); (2) [opioid overuse](#); and (3) [low back pain](#).

## **PROJECT START DATE**

Fall 2015

## **PROJECT END DATE**

May 2018 with possible funding extension

## **BASELINE METRICS/DATA**

- C-section births among first time, low-risk mothers: Healthy People 2020 goal of 23.9%.
- Opioid metrics include: (1) percentage of patients with new opioid prescriptions; (2) timely access to nonpharmacologic modalities; (3) number of patients taking both opioids and benzodiazepines per 1,000 patients; (4) percentage of patients on >90 MME daily; (5) number of buprenorphine prescriptions per 1,000 patients; (6) number of patients on medication-assisted treatment (MAT); and (7) percentage of patients on daily opioids prescribed naloxone.
- Low back pain: TBD

## **TARGET METRICS/DATA**

- C-section births among first time, low-risk mothers: continue to lower C-section rates among the 60% of hospitals that have not reached the 23.9% goals
- Opioids- statewide metrics: (1) lower total volume of prescribed opioids by  $\geq 50\%$  by 2020; (2) lower number of people receiving both benzos and opioids by  $\geq 50\%$  by 2020; (3) lower number of people on high-dose opioids ( $\geq 90$  MME) by 50% by 2020; (4) buprenorphine prescriptions quadruple by 2020; and (5) triple the use of naloxone in the Medi-Cal population by 2020

## **POPULATION**

Public and private payers and providers in California

## **PROJECT TITLE**

### **Reduce Overuse and Waste through Smart Care California (SCC) *continued...***

## **PROGRESS TOWARD TARGET**

- C-section births among first time, low-risk mothers: efforts to improve maternity care are starting to yield positive results in California as low-risk, first-birth C-section rates have begun to decline from 27.3% in 2013 to 25.6% in 2015, according to California Maternal Quality Care Collaborative data. Ongoing efforts to continue working with hospitals and clinicians to reduce low-risk, first-birth C-sections across the state at every hospital to 23.9%, thereby improving maternity care.
- Opioids: California is starting to see some early successes. While the national death rate continues to climb, in California it remains stable. California's Opioid Overdose Surveillance Dashboard shows that opioid prescribing is down and access to effective addiction treatment is increasing. SCC has: (1) developed the [Reducing Opioid Related Morbidity and Mortality: Payer and Provider Strategies](#); (2) updated the [Curbing the Opioid Epidemic: Checklist for Health Plans and Purchasers](#); (3) distributed the [Opioid Health Plan Checklist Health Plan survey](#) results; (4) created the [Reducing Opioid Overuse Dashboard](#); and (5) discuss plans for supporting health plans, health systems and provider groups to adopt an organization-wide opioid safety initiative.
- Low back pain: Low back pain continues to be one of the most common causes of disability in the country. SCC continues to: (1) develop baseline metrics; (2) identify health plan and provider best practices for early intervention; and (3) continue to collect and distribute key resources to patients, families, caregivers, providers, payers and purchasers on back pain and treatment.

**PROJECT TITLE**

**Individual Provider Claims Analysis Report (IP-CAR)**

**PROJECT AIM(S)**

Increase the accuracy of billing levels for Evaluation and Management (E&M) procedure codes and reduce inappropriate and costly claims.

**PROJECT START DATE**

01/01/2010

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

The baseline percentages of paid claims by level (there are 5 different levels for each of the 3 different types of E&M procedure codes)

**TARGET METRICS/DATA**

Decrease in the most costly level 4 and 5 claims

**POPULATION**

Medi-Cal paid claims

**PROGRESS TOWARD TARGET**

Ongoing

**PROJECT TITLE**

**DHCS Dashboard Initiative**

**PROJECT AIM(S)**

Strengthen public reporting practices throughout the Department while improving transparency and accountability. Consistently measure the Department's progress toward goals and more effectively communicate results and key information to employees, providers/partners, and stakeholders. For more information, visit the [DHCS Dashboard Initiative](#).

**PROJECT START DATE**

03/01/2015

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

Inconsistent data publishing methods

**TARGET METRICS/DATA**

- Department-wide consistent format, definitions, and approach for dashboards
- Central location on DHCS website to find all dashboards
- Development of crosscutting dashboards, such as children's health dashboard

**POPULATION**

Medi-Cal members, stakeholders, and DHCS employees

**PROGRESS TOWARD TARGET**

Six dashboards established and continued progress can be tracked on the [DHCS Dashboard Initiative](#) webpage. Additionally, the workgroup has developed a [Data Publishing](#) page on the DHCS Intranet (only internal staff can access). This page was created to provide DHCS staff with information about publishing data or developing dashboards for the Department.

**PROJECT TITLE**

**California Pharmaceutical Collaborative Clinical Workgroup**

**PROJECT AIM(S)**

California Health and Human Services Agency-level collaborative that is tasked with: (1) developing criteria for what constitutes a high-cost pharmaceutical; (2) creating a tracking process for new high-cost pharmaceuticals; (3) identifying and assessing the costs and benefits of participating in national groups that conduct clinical reviews of pharmaceuticals; (4) identifying and coordinating major clinical guidelines and treatment protocols that involve high-cost pharmaceuticals; and (5) determining how state pharmaceutical formulary processes can be improved.

**PROJECT START DATE**

01/2016

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

No approach in place to approach the use of high-cost drugs

**TARGET METRICS/DATA**

Develop an approach to the use of high-cost drugs

**POPULATION**

Purchasers and payers of state pharmaceuticals

**PROGRESS TOWARD TARGET**

Ongoing

**PROJECT TITLE**

**PRIME**

**PROJECT AIM(S)**

The PRIME program, a component of the current 1115 federal waiver, builds upon the foundational delivery system transformation achieved in the Delivery System Reform Incentive Payments (DSRIP) program, part of California's prior 1115 Waiver Demonstration. The PRIME program supports 54 of California's public hospitals in achieving large-scale QI in physical and behavioral health integration in inpatient and outpatient settings, improved health outcomes, and increased access to health care services, particularly for those with complex health care needs. Selecting from a prescribed list of QI projects, participating entities created a five-year demonstration plan. PRIME projects are organized into three domains: (1) Outpatient Delivery System Transformation and Prevention; (2) Targeted High-Risk or High-Cost Populations; and (3) Resource Utilization Efficiency. Using evidence-based QI methods, participating entities are required to establish baselines followed by target setting and the implementation and ongoing evaluation of QI interventions. Entities receive incentive payments for achieving performance outcomes related to their individualized project interventions. For more information, visit [PRIME](#).

**PROJECT START DATE**

01/01/2016

**PROJECT END DATE**

12/31/2020

**BASELINE METRICS/DATA**

Baselines vary by public hospital. Track progress on the [PRIME](#) webpage.

**TARGET METRICS/DATA**

Targets vary by public hospital. Track progress on the [PRIME](#) webpage.

**POPULATION**

17 designated public hospitals and 37 participating district/municipal public hospitals

**PROGRESS TOWARD TARGET**

- Waiver approved by CMS 12/30/2015
- 17 Designated Public Hospitals (DPHs) have completed baseline data collection and one year of intervention data
- 37 District/Municipal Hospitals (DMPHs) have completed baseline data collection
- Data for both DPHs and DMPHs are being analyzed by DHCS

**PROJECT TITLE**

**Support Critical Access Hospital Participation in the Medicare Beneficiary QI Project (MBQIP)**

**PROJECT AIM(S)**

Engage Critical Access Hospitals in four MBQIP domains: (1) patient safety; (2) patient engagement; (3) care transitions and; (4) provide outpatient care. Provide technical assistance to improve reporting to CMS Hospital Compare and Kansas Hospital Association Foundation's Quality Healthy Indicators.

**PROJECT START DATE**

09/01/2015

**PROJECT END DATE**

08/31/2018

**BASELINE METRICS/DATA**

TBD

**TARGET METRICS/DATA**

TBD

**POPULATION**

34 CAHs and their patients

**PROGRESS TOWARD TARGET**

In progress

**PROJECT TITLE**

**Support Improved Critical Access Hospital  
Services Administration and Operations**

**PROJECT AIM(S)**

(1) Conduct financial and operational needs assessments to identify financial and operational strengths and challenges; (2) provide Lean methodology trainings and technical assistance to hospitals to support ongoing activities; and (3) implement new financial and operational improvement activities.

**PROJECT START DATE**

09/01/2015

**PROJECT END DATE**

08/31/2018

**BASELINE METRICS/DATA**

- No financial and operational needs assessments conducted
- No training and technical assistance provided
- No new financial and operational improvements underway

**TARGET METRICS/DATA**

- Financial and operational needs assessments conducted
- Training and technical assistance offered to 34 Critical Access Hospitals
- Financial and operational improvements identified and implemented

**POPULATION**

34 Critical Access Hospitals and their patients

**PROGRESS TOWARD TARGET**

- Financial and operational needs assessments and Lean methodology workshop conducted in April 2016
- Financial and operational workshops conducted in February 2017

**PROJECT TITLE**

**California Lean Academy White Belt Training**

**PROJECT AIM(S)**

(1) Provide an overview of Lean Management principles and instructional exercises on how to identify eight types of process waste, including how to reduce non value-added waste and improve process performance; and (2) for more advanced learners and graduates of the Lean Academy White Belt Training, DHCS offers a half-day Lean A3 Process and Thinking Workshop. This training is designed to equip and empower participants to lead and facilitate Lean-based process improvement initiatives.

**PROJECT START DATE**

01/01/2016

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

0 staff completed Lean White Belt class

**TARGET METRICS/DATA**

- 12 Lean White Belt training classes conducted in 2018
- 6 A3 workshops in 2018

**POPULATION**

Eligible DHCS employees

**PROGRESS TOWARD TARGET**

14 Lean White Belt training classes and 3 A3 workshops were conducted in 2017

**PROJECT TITLE**

**DHCS Academy**

**PROJECT AIM(S)**

Improve the knowledge, skills, and abilities of Medi-Cal program managers, senior managers, and executives throughout the Department with an emphasis on Medicaid policy, analytical skills, QI, and leadership.

**PROJECT START DATE**

09/26/2013

**PROJECT END DATE**

DHCS currently has a contract in place with Leading Resources, Inc. to facilitate the Academy. This contract expires on 12/31/2017. OWPD is in the process of drafting a Request for Proposal for the next three DHCS Academy to run from 01/01/2018-12/31/2020.

**BASELINE METRICS/DATA**

No DHCS employee had completed any training designed to meet the challenges of implementing, integrating, and managing the technical and operational aspects of the Medicaid and Medi-Cal programs

**TARGET METRICS/DATA**

Graduate 280 executives, senior managers, and executives through the DHCS Academy

**POPULATION**

Medi-Cal program managers, senior managers, and executives

**PROGRESS TOWARD TARGET**

217 DHCS employees have completed the program with an additional two cohorts scheduled to be completed by the end of 2017. If the current rate of course attrition holds at around 5%, we expect another 67 employees to finish the DHCS Academy by December 31, 2017, totaling 283 graduates, exceeding our target goal by three.

**PROJECT TITLE**

**Competency-Based Employee Training**

**PROJECT AIM(S)**

Competencies have been identified for each of the nine unique occupational groups within DHCS. These competency groups broadly define excellent performance within each employee classification and serve as benchmarks against which job performance can be assessed. DHCS offers a competency –based educational model that focuses on growing and building these specific competencies for all employees within the Department. This competency-based approach ensures that the 60 unique courses offered to DHCS employees are cost-effective, goal-oriented, and productive.

**PROJECT START DATE**

Information coming soon

**PROJECT END DATE**

Information coming soon

**BASELINE METRICS/DATA**

Information coming soon

**TARGET METRICS/DATA**

Information coming soon

**POPULATION**

DHCS employees

**PROGRESS TOWARD TARGET**

Information coming soon

**PROJECT TITLE**

**Healthier U**

**PROJECT AIM(S)**

Establish the Department's East End Complex as a model worksite where leadership and the workforce collaborate to build a workplace culture that supports and encourages the health and well-being of all.

**PROJECT START DATE**

01/01/2015

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

Worksite Wellness Program including annual health/wellness fair, daily fitness classes, and bike share program

**TARGET METRICS/DATA**

Rebranded Worksite Wellness to Healthier U program that includes annual health/wellness fair, daily fitness classes, bike share program, and 2016 survey to identify new program offerings and extend Healthier U to all DHCS satellite offices

**POPULATION**

DHCS employees

**PROGRESS TOWARD TARGET**

Annual health/wellness fair, daily fitness classes and bike share program offered in 2015. Additional programs added in 2016, and Healthier U extended to all DHCS offices. Track events and progress on the Healthier U webpage on the DHCS Intranet (only internal staff can access).

**PROJECT TITLE**

**California Children's Services (CCS)/California Perinatal Quality Care Collaborative (CPQCC) High-risk Infant Follow-up (HRIF) Quality Care Initiative**

**PROJECT AIM(S)**

(1) Identify infants who might develop CCS-eligible conditions after discharge from a CCS-approved Neonatal Intensive Care Unit; (2) improve the neurodevelopmental outcomes of infants served by CCS HRIF Programs through collaboration between CMS/CCS and CPQCC; and (3) provide valuable data that informs infant and child health through the HRIF Quality of Care Initiative.

**PROJECT START DATE**

04/01/2009

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

8,322 infants enrolled (born 2015)

**TARGET METRICS/DATA**

Neonates and infants discharged from the NICU who have CCS-eligible medical conditions or are high-risk for neurodevelopmental delay or disability will receive three standard visits: Visit #1 (4-8 months), Visit #2 (12-16 months), and Visit #3 (18-36 months).

**POPULATION**

Infants discharged from CCS-approved NICU and referred to HRIF

**PROGRESS TOWARD TARGET**

8,322 infants born in 2015 were enrolled in HRIF (49 infants expired prior to first visit); of 8,273 expected to be seen, number and percentage seen for visits were:

- Core visit #1 = 5,680 (68%)
- Core visit #2 = 3,191 (38%)
- Core visit #3 = 404 (6%)

NOTE: Records for infants born in 2015 will be finalized and closed in 2019. Some patients are not at the recommended age to be seen for core visits 2 and 3.

**PROJECT TITLE**

**Medi-Cal Specialty Mental Health Services for Children and Youth**

**PROJECT AIM(S)**

California state law (Welfare and Institutions Code, Section 14707.5) requires DHCS to develop a [Performance Outcome System](#) (POS) for mental health services provided to Medi-Cal members, ages 0-20. The POS is meant to improve outcomes at the individual and system levels and inform fiscal decision-making related to the purchase of services.

**PROJECT START DATE**

09/2012

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

The initial POS reports included data summarized at the state, regional, and individual county level. This data included demographic data, levels of engagement, and utilization rates for specific specialty mental health service categories. Baseline data collected will be analyzed as part of subsequent QI efforts.

Initial QI efforts will focus on the time to step-down services measure (number of days it takes a patient to receive an outpatient specialty mental health service after being discharged from an acute psychiatric inpatient hospital stay), and according to the latest Statewide Performance Outcome report (FY 2014/2015), the statewide baseline median for this measure was approximately three days.

**TARGET METRICS/DATA**

TBD

**POPULATION**

Medi-Cal eligible children and youth under twenty-one years of age receiving Specialty Mental Health Services.

**PROGRESS TOWARD TARGET**

In progress

**PROJECT TITLE**

**Pediatric Palliative Care Waiver**

**PROJECT AIM(S)**

Provide pediatric palliative care services to children and their families who have a CCS-eligible medical condition with a complex set of needs. This Waiver offers the benefits of hospice-like services, in addition to state plan services (e.g., comprehensive care coordination; respite care; family counseling; expressive therapies; family training; pain and symptom management; and personal care) during the course of an illness, even if the child does not have a life expectancy of six months or less. The objective is to minimize the use of institutions, especially hospitals, and improve the quality of life for the participant and family unit.

**PROJECT START DATE**

04/01/2010 (pilot), 04/01/2015

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

Vary by county

**TARGET METRICS/DATA**

Vary by county

**POPULATION**

Medically fragile CCS members

**PROGRESS TOWARD TARGET**

View progress on the [Partners for Children \(PFC\) A Pediatric Palliative Care \(PPC\) Waiver Program](#) webpage.

**PROJECT TITLE**

**Dental Transformation Initiative (DTI)**

**PROJECT AIM(S)**

A component of the current 1115 federal waiver, the [DTI](#) provides direct incentives to providers through program domains that promote overall children's utilization of preventive services and oral health disease management, expand prevention and risk assessment models, and increase dental continuity of care.

**PROJECT START DATE**

01/01/2016

**PROJECT END DATE**

12/21/2020

**BASELINE METRICS/DATA**

- Domain 1: Statewide preventive services utilization rate among children ages 1-20 using the Form CMS-416 methodology was 37.84% in 2014
- Domain 2: No caries risk assessment and disease management pilot
- Domain 3: Continuity of care baseline benchmarks by county can be found on the [DHCS website](#); statewide percentage returned to same dental office for a second visit is approximately 50%
- Domain 4: No local dental pilot programs (LDPPs)

**TARGET METRICS/DATA**

- Domain 1: Increase the baseline utilization by at least 10 percentage points over a 5-year period
- Domain 2: Caries risk assessment and disease management pilot with 11 pilot counties
- Domain 3: Increase dental continuity of care for children enrolled in the Medi-Cal program, who receive annual dental exams from a dentist at the same service office location year after year
- Domain 4: LDPPs with 15 partners

**POPULATION**

Approximately 5.5 million Medi-Cal children less than 20 years old

**PROGRESS TOWARD TARGET**

Available 12/2017

**PROJECT TITLE**

**Strengthen Overall Care Provided by Managed Care Plans (MCPs)**

**PROJECT AIM(S)**

Strengthen overall performance in a wide range of areas that affect population health, including: health disparities, childhood immunization, postpartum and diabetes care, control of high blood pressure, and reduction of opioid use. MCPs engage in rapid cycle QI efforts utilizing Plan-Do-Study-Act cycles to improve performance. MCPs with consistently poor performance can be placed on corrective action plans, requiring increased monitoring and reporting of their QI efforts. Each MCP engages in two Performance Improvement Projects (PIPs) per year. The current set of PIPs require one of the topics to focus on one of four priority areas (childhood immunization rates, postpartum visit care, diabetes care, or control of high blood pressure), with the second PIP on a topic of the MCP's choice. The next set of PIPs will require one of the topics to focus on an MCP-identified area of health disparity. MCPs also participate in four, quarterly QI collaborative discussions (childhood immunization rates, postpartum visit care, diabetes care or control of high blood pressure) with DHCS and its External Quality Review Organization. Finally, three MCPs are engaged in a small group QI collaborative on childhood immunizations in one county in California. For more information, visit [Medi-Cal Managed Care – Quality Improvement & Performance Measurement Reports](#).

**PROJECT START DATE**

01/01/2016

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

Baselines vary by MCP

**TARGET METRICS/DATA**

Targets vary by MCP

**POPULATION**

All MCPs (N=26)

**PROGRESS TOWARD TARGET**

View progress on the [Medi-Cal Managed Care – Quality Improvement & Performance Measurement Reports](#) webpage.

**PROJECT TITLE**

**Health Literacy**

**PROJECT AIM(S)**

Increase the use of health literacy tools and improve both internal and external communications by creating a set of guidelines on using plain language when developing DHCS letters, notices, and other materials for Medi-Cal members. This will allow Medi-Cal members to make informed decisions about their health and health care options.

**PROJECT START DATE**

01/01/2016

**PROJECT END DATE**

01/31/2018

**BASELINE METRICS/DATA**

No set guidelines to ensure DHCS communications comply with health literacy standards

**TARGET METRICS/DATA**

Create a health literacy standard guidelines document, distribute the guidelines throughout the Department, and ensure DHCS letters, notices, and other materials comply.

**POPULATION**

Medi-Cal members

**PROGRESS TOWARD TARGET**

Health literacy standards identified (March 2016)

**PROJECT TITLE**

**Social Media Outreach**

**PROJECT AIM(S)**

(1) Use social media outlets to promote effective messaging and assist California residents interested in benefits, services, or information about DHCS programs; and  
(2) increase public awareness of DHCS programs and activities.

**PROJECT START DATE**

01/01/2016

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

Facebook: 0 “likes”

Twitter: 0 followers, 0 “likes”, 0 tweets

LinkedIn: 0 followers

**TARGET METRICS/DATA**

Facebook:

- 1,000 “likes” by 07/2018

Twitter:

- 2,750 followers by 07/2018
- 1,500 “likes” by 07/2018
- 2,500 tweets by 07/2018

LinkedIn:

- 2,200 followers by 07/2018

**POPULATION**

All Californians

**PROJECT TITLE**

**Social Media Outreach**  
***continued...***

**PROGRESS TOWARD TARGET**

Facebook:

- 561 “likes” as of 06/2017

Twitter:

- 2,196 followers as of 06/2017
- 971 “likes” as of 06/2017
- 1,897 tweets as of 06/2017

LinkedIn:

- 1,709 followers as of 06/2017

**PROJECT TITLE**

**Welltopia by DHCS Facebook Page and Welltopia Website**

**PROJECT AIM(S)**

(1) Expand the [Welltopia by DHCS Facebook Page](#), an inspirational, prevention-focused page that creates a space for community members to share their ideas about wholehearted living and find information to help reach their full, healthful potential; and (2) expand the [Welltopia website](#), linking Medi-Cal members to resources that promote healthful living and address social risk factors.

**PROJECT START DATE**

04/24/2013

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

Facebook: 0 “likes”

Website: 0 sessions, 0 pageviews

**TARGET METRICS/DATA**

Facebook: “likes” targets set annually

- 10,000 by 12/31/2013 (over 12,000 “likes” achieved by date)
- 25,000 by 12/31/2014 (42,552 “likes” achieved by date)
- 65,000 by 12/31/2015 (67,517 “likes” achieved by date)
- 75,000 by 12/31/2016 (79,878 “likes” achieved by date)
- 100,000 by 12/31/2017 (over 110,000 “likes” achieved by date)

Website: Sessions, pageviews targets set annually

- 15,000 sessions, 40,000 pageviews by 12/31/2016
- 30,000 sessions, 75,000 pageviews by 12/31/2017

**POPULATION**

Medi-Cal members and all Californians

**PROGRESS TOWARD TARGET**

Facebook:

- 110,550 “likes” as of 12/05/2017

Website:

- 29,543 sessions as of 12/05/2017, 80,157 page views as of 12/05/2017

**PROJECT TITLE**

**Improve Palliative and End-of-Life Care Practices**

**PROJECT AIM(S)**

DHCS is implementing a Medi-Cal palliative care policy as required by Senate Bill (SB) 1004 (Hernandez, Chapter 574, Statutes of 2014), with specific definitions of eligible conditions, services, providers, and quality measures. This policy, developed with extensive stakeholder engagement, will improve quality of care for Medi-Cal members. For more information, visit [Palliative Care and SB 1004](#).

**PROJECT START DATE**

09/25/2013

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

No existing Medi-Cal palliative care policy in 2014

**TARGET METRICS/DATA**

- Establish Medi-Cal palliative care policy per SB 1004
- Issue All-Plan Letter and other provider guidance
- Provide technical assistance to health plans in collaboration with the California Health Care Foundation
- Monitor implementation results with data analysis and health plan feedback

**POPULATION**

Approximately 12,000 Medi-Cal members with serious illness and additional members who could benefit from early palliative care and advance care planning

**PROGRESS TOWARD TARGET**

- SB 1004 policy and initial utilization analysis released to stakeholders in September 2016
- Training for Medi-Cal providers (primary care, specialists, nurses, social works) began in June 2017
- Implementation of Medi-Cal palliative care is set for January 2018

**PROJECT TITLE**

**Integration and Coordination of Patient Care**

**PROJECT AIM(S)**

(1) Achieve improved communication between inpatient and outpatient care teams and improved medication management with reconciliation to ensure continuity of health care as patients move from the hospital to the ambulatory care setting; and (2) reduce avoidable acute care utilization such as emergency department visits, hospital admissions, and readmissions to facilitate the appropriate coordinated delivery of health care services.

**PROJECT START DATE**

07/01/2015

**PROJECT END DATE**

06/30/2020

**BASELINE METRICS/DATA**

Reported 09/30/2016 for measurement period of 07/01/2015-06/30/2016 by 17 Designated Public Hospitals (DPHs) on the following metrics:

- DHCS All-Cause Readmissions: Post-Acute Care
- H-CAHPS: Care Transition Metrics (NQF 0166)
- Medication Reconciliation - 30 days (NQF 0097)
- Reconciled Medication List Received by Discharged Patients (NQF 0646)
- Timely Transmission of Transition Record (NQF 0648)

*\*Designated Municipal Public Hospital (DMPH) baseline reporting expected 03/2018*

**TARGET METRICS/DATA**

Reported twice yearly, next collection will be 09/30/2017:

- For those with baseline below the 25th Percentile national benchmark, achieve the 25th Percentile
- For those with baseline between the 25th and 90th Percentile national benchmark, close 10% of the gap between baseline and the 90th Percentile
- For those with baseline above the 90th Percentile national benchmark, maintain above the 90th Percentile
- For metrics without a national benchmark, TBD percentage improvement over self

**PROJECT TITLE**

**Integration and Coordination of Patient Care**  
*continued...*

**POPULATION**

Medi-Cal members transitioning between inpatient and outpatient care teams

**PROGRESS TOWARD TARGET**

TBD

**PROJECT TITLE**

**Stakeholder Engagement**

**PROJECT AIM(S)**

Evaluate and revamp current stakeholder processes for timeliness and transparency to include: (1) timely notice of public stakeholder meetings and posting of meeting materials; (2) web pages for all stakeholder efforts; and (3) standards for meeting summaries and follow-up to action items.

**PROJECT START DATE**

09/01/2014

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

- Frequent and repeated stakeholder complaints about late notice/calendar listings for stakeholder meetings
- Materials sometimes posted shortly before meetings or distributed at the meetings, depriving stakeholders of time to review and analyze
- Varied formats/timelines/levels of detail in meeting summaries and follow-ups

**TARGET METRICS/DATA**

- Prompt calendaring
- Meet all legal notice requirements
- Post material at least three business days before meetings
- Notices and materials posted and legislative stakeholders notified at least five business days in advance for issues with significant public interest/policy implications/news coverage/etc.

**POPULATION**

Stakeholders, stakeholder associations, advocates, and advocacy associations

**PROGRESS TOWARD TARGET**

In progress

**PROJECT TITLE**

**Newborn Hearing and Screening Program QI Learning Collaborative**

**PROJECT AIM(S)**

(1) All infants with an initial inpatient referral result will receive a repeat screen prior to hospital discharge; (2) reduce the number of infants who missed screening in the hospital to less than 3 infants per hospital per quarter (excluding equipment malfunction); and (3) decrease no-show rate for outpatient screen appointments by 25%.

**PROJECT START DATE**

01/01/2006

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

- Repeat screen prior to discharge: 90%
- Infants who missed screening in the hospital: 366
- No-show rate for outpatient screen appointments: 9%

**TARGET METRICS/DATA**

- Repeat screen prior to discharge: 92.5%
- Infants who missed screening in the hospital: less than 3 per hospital per quarter (excluding equipment malfunction)
- No-show rate for outpatient screen appointments: 6.75%

**POPULATION**

Variable infant population

**PROGRESS TOWARD TARGET**

Plan-Do-Study-Act (PDSA) cycles began in 2015 and substantial progress has been made toward targets.

**PROJECT TITLE**

**Reduce Overweight and Obesity among Medi-Cal Members (Koa Family)**

**PROJECT AIM(S)**

Partner with the University of California, Davis Institute for Population Health Improvement (UCD IPHI); California Department of Social Services (CDSS), and United States Department of Agriculture (USDA) Supplemental Nutrition Assistance Program–Education (SNAP–Ed) to conduct formative research, test, and evaluate a multi-component, community-based program designed to reduce the risk and prevalence of overweight and obesity among low-income Californians.

**PROJECT START DATE**

09/15/2015

**PROJECT END DATE**

09/30/2020

**BASELINE METRICS/DATA**

Phase I (2015/2016):

- No formative research conducted; no systematic review of reviews completed

Phase II (2017/2018):

- No impact evaluation instrument; no participant screener/demographic survey; no intervention site(s) selected; no Whole Person Lifestyle Program (WPLP) curriculum developed; no community-level environmental and communication (CEC) intervention defined; no pilot testing undertaken

Phase III (2019/2020):

- No impact evaluation study implemented and evaluated

**TARGET METRICS/DATA**

Phase I:

- Complete formative research

Phase II:

- Complete program design and planning

Phase III:

- Complete impact evaluation

**POPULATION**

Overweight and obese mothers eligible for Medi-Cal and SNAP–Ed

**PROGRESS TOWARD TARGET**

Phase I complete, reports and videos available [here](#); Phase II in progress.

**PROJECT TITLE**

**Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver**

**PROJECT AIM(S)**

(1) Increase and improve access to substance use disorder services for Medi-Cal members through the DMC-ODS continuum of care; (2) continue to implement the DMC-ODS throughout the 40 participating counties; and (3) develop and implement the Indian Health Program Organized Delivery System in urban and tribal health facilities.

**PROJECT START DATE**

Information coming soon

**PROJECT END DATE**

Information coming soon

**BASELINE METRICS/DATA**

Information coming soon

**TARGET METRICS/DATA**

Information coming soon

**POPULATION**

Information coming soon

**PROGRESS TOWARD TARGET**

Information coming soon

**PROJECT TITLE**

**Implementing Tobacco Cessation Services**

**PROJECT AIM(S)**

Develop and implement comprehensive tobacco prevention and cessation services for Medi-Cal members.

**PROJECT START DATE**

09/03/2014

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

No comprehensive tobacco prevention and cessation services for Medi-Cal members; no system to identify tobacco users and track their treatment utilization

**TARGET METRICS/DATA**

Develop and implement comprehensive tobacco prevention and cessation services for Medi-Cal members; this includes a system to identify tobacco users and track their treatment utilization

**POPULATION**

Medi-Cal members enrolled in Medi-Cal Managed Care Plans

**PROGRESS TOWARD TARGET**

In progress: Medi-Cal Managed Care Plan All Plan Letter (16-014) developed and implemented for comprehensive tobacco prevention and cessation services.

**PROJECT TITLE**

**Improving Substance Use Disorder (SUD) Services Provided to Youth**

**PROJECT AIM(S)**

(1) Refine and identify gaps in youth services; and (2) ensure all youth SUD services represent high-quality, effective, and developmentally appropriate care.

**PROJECT START DATE**

09/01/2014

**PROJECT END DATE**

06/30/2018

**BASELINE METRICS/DATA**

- 0% of gaps identified
- 2002 youth treatment guidelines

**TARGET METRICS/DATA**

- Assessment conducted and analyzed; gaps identified
- Revised youth services guidelines developed and published

**POPULATION**

Medi-Cal youth

**PROGRESS TOWARD TARGET**

- Assessment administered; gaps identified (09/2015)
- Draft Youth Services Policy Manual (YSPM) complete (11/2015)
- Established and convened two Youth Advisory Group (YAG) meetings (04/2016 and 07/2016)
- Data presented on substance use environment for youth to YAG and the California Behavioral Health Directors Association (04/2016 and 06/2016)
- Received feedback from stakeholder on draft YSPM
- Continued outreach to YAG regarding draft YSPM and the development of a substance use disorder system of care for youth
- Due to an overwhelming amount of stakeholder feedback on the draft YSPM, the gaps were re-assessed and additional gaps were identified (05/08/2017)

**PROJECT TITLE**

**Medication Assisted Treatment (MAT) Expansion Project**

**PROJECT AIM(S)**

(1) Increase access to MAT statewide through the California Hub and Spoke System and Tribal MAT Project; (2) increase training and education opportunities to reduce substance use disorder stigma; and (3) ensure additional prevention activities are implemented statewide pertaining to the opioid epidemic.

**PROJECT START DATE**

Information coming soon

**PROJECT END DATE**

Information coming soon

**BASELINE METRICS/DATA**

Information coming soon

**TARGET METRICS/DATA**

Information coming soon

**POPULATION**

Information coming soon

**PROGRESS TOWARD TARGET**

Information coming soon

**PROJECT TITLE**

**Core Program Performance Indicators for Every Woman Counts**

**PROJECT AIM(S)**

(1) Ensure timely and complete diagnostic follow-up of abnormal breast and cervical cancer screening results; (2) ensure timely and complete treatment initiated for cancers diagnosed; and (3) deliver breast and cervical cancer screening to priority populations.

**PROJECT START DATE**

10/01/2009

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

Baseline data vary by Primary Care Physician (PCP):

- Number of breast/cervical cancer diagnosed
- Number of treatments initiated and within the number of days
- Number of first time enrollees rarely/never screened for cervical cancer and mammogram screening by age

**TARGET METRICS/DATA**

Program PCPs meet at least 10 of 11 core indicators:

- Breast/cervical diagnosis completed: >90% (2 indicators)
  - Breast/cervical diagnosis completed within 60 days: >75% (2 indicators)
- Breast/cervical treatment initiated: >90% (2 indicators)
  - Breast/invasive cervical treatment initiated within 60 days: >80% (2 indicators)
  - Cervical treatment initiated within 90 days (CIN2/3): >80% (1 indicator)
- Women rarely/never screened for cervical cancer: <20% (1 indicator)
  - Mammography screening age 50 and older: >75% (1 indicator)

**POPULATION**

Women eligible for Every Woman Counts

**PROGRESS TOWARD TARGET**

100% of participating PCPs met at least 10 core indicators

**PROJECT TITLE**

**Improve Chlamydia Screening in the Family Planning, Access, Care, and Treatment (PACT) Program**

**PROJECT AIM(S)**

Improve clinical quality outcomes for chlamydia screening of female members, age 25 years and younger; and improve clinical quality outcomes for chlamydia-targeted screening of female members over age 25 years.

**PROJECT START DATE**

07/01/2013

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

- Private providers screen 73% and public providers screen 69% of female clients, aged 25 years and younger
- Private providers screen 67% and public providers screen 57% of female clients over age 25 years of age

**TARGET METRICS/DATA**

- Increase the chlamydia screening rate for women 25 years and younger for private providers to 78% and public providers to 74%
- Screen when clinically indicated and decrease chlamydia screening of women over 25 years to no more than 50%

**POPULATION**

- Number of women seen by private providers is 111,321; public is 111,115
- Number of women seen by public providers is 112,990; private is 174,225

**PROGRESS TOWARD TARGET**

- Private 74.8%; public 71.3% (07/2016 -12/2016)
- Private 58.3%; public 40.8% (07/2016 -12/2016)

**PROJECT TITLE**

**Baby-Friendly Hospital Designation**

**PROJECT AIM(S)**

This project is part of the PRIME program, a component of the current 1115 federal waiver. To improve perinatal care, hospitals can achieve baby-friendly designation through supporting exclusive breastfeeding prenatally, after delivery, and for 6 months after delivery and using lactation consultants after delivery. [\*The Baby-Friendly USA Guidelines and Evaluation Criteria\*](#) detail the specific benchmarks that hospitals are measured against during the Baby-Friendly designation process.

**PROJECT START DATE**

Information coming soon

**PROJECT END DATE**

Information coming soon

**BASELINE METRICS/DATA**

Information coming soon

**TARGET METRICS/DATA**

Information coming soon

**POPULATION**

Information coming soon

**PROGRESS TOWARD TARGET**

Information coming soon

**PROJECT TITLE**

**Increase Breastfeeding among Medi-Cal Mothers**

**PROJECT AIM(S)**

Enhance infant development and well-being by improving breastfeeding rates among Medi-Cal members. Participate in the Lactation Accommodation of the Low-Wage Earner workgroup. Clarify state and national workplace accommodation laws, identifying how lactation accommodation for low-wage earners is being addressed and developing action steps to collectively help employers understand pregnancy-related disability programs and Family and Medical Leave Act (FMLA) laws as a means to prevent discrimination of breastfeeding mothers and increase breastfeeding duration rates among low-wage workers.

**PROJECT START DATE**

10/1/2015

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

No activities associated with the breastfeeding aim

**TARGET METRICS/DATA**

- Actively participate in Lactation Accommodation of the Low-Wage Earner workgroup
- State and national workplace accommodation laws identified
- Action steps developed to help employers understand pregnancy-related disability programs and FMLA laws
- Breastfeeding target under development

**POPULATION**

Employers of low-wage earners, Medi-Cal mothers

**PROGRESS TOWARD TARGET**

In progress

**PROJECT TITLE**

**Increase Provider Performance Related to the Provision of Contraceptives**

**PROJECT AIM(S)**

Increase the percentage of women receiving effective contraceptive methods by 50% among previously low-performing (bottom 5%) providers.

**PROJECT START DATE**

10/01/2015

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

17% of women seen by extremely low performing providers received moderately or highly effective contraceptive methods

**TARGET METRICS/DATA**

25% of women seen by extremely low performing providers receive moderately or highly effective contraceptive methods

**POPULATION**

Low-performing providers: 75

**PROGRESS TOWARD TARGET**

In progress

**PROJECT TITLE**

**On-site Availability of Highly Effective Contraceptive Methods**

**PROJECT AIM(S)**

Increase the percentage of Family PACT providers that provide highly effective reversible contraceptives (e.g., subdermal and/or intrauterine contraceptives) onsite.

**PROJECT START DATE**

10/01/2015

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

68% of providers have a claim for Long-acting Reversible Contraception insertion

**TARGET METRICS/DATA**

10% increase in providers with Long-acting Reversible Contraception insertion claims

**POPULATION**

Family PACT providers: 2,154

**PROGRESS TOWARD TARGET**

In progress

**PROJECT TITLE**

**American Indian Infant Health Initiative – Perinatal Health Program**

**PROJECT AIM(S)**

Develop a comprehensive Perinatal Health Program to provide health education, referral services, primary care services, or targeted case management to improve the health status of American Indian women and babies in California.

**PROJECT START DATE**

07/01/2015

**PROJECT END DATE**

06/30/2018

**BASELINE METRICS/DATA**

No comprehensive Perinatal Health Program

**TARGET METRICS/DATA**

Comprehensive Perinatal Health Program to be developed and launched

**POPULATION**

135 families

**PROGRESS TOWARD TARGET**

In progress

- Indian Health Program (IHP) developed and distributed an American Indian Women's Perinatal Health Service Profile to all American Indian Health clinics in California in 2015
- Results of the survey are currently being analyzed to determine gaps in services for women at Indian clinics
- Contracted to obtain a comprehensive maternal, child health state data analysis
- Partnered with a facilitator to conduct community focus groups to obtain feedback on relationship/community building, parenting/life skills, and community healing and recovery
- Conducted a literature review to obtain the latest information on perinatal best practices
- Findings from all of the above will assist IHP and subject matter experts to determine the best interventions available to address health education, referral services, and primary care services for American Indian families in FY 2017-18

**PROJECT TITLE**

**California Asthma QI Initiative**

**PROJECT AIM(S)**

Foster and support linkages between organizations conducting asthma home visits and health systems, with the goal of reducing asthma-related Emergency Department visits, hospitalizations, and direct health care costs. (1) Conduct an extensive assessment of how asthma services are delivered; (2) develop a competency-driven, evidence-based curriculum that builds skills for effective asthma management in accordance with the National Asthma Education and Prevention Program Guidelines for the Diagnosis and Management of Asthma; and (3) provide training for community health workers and other non-licensed members of the care team working with asthma patients.

**PROJECT START DATE**

03/01/2016

**PROJECT END DATE**

08/31/2019

**BASELINE METRICS/DATA**

- No assessment of asthma home visiting programs
- No asthma self-management education curriculum for community health workers
- No state-led asthma management training program for community health workers and other non-licensed educators

**TARGET METRICS/DATA**

- Asthma services assessment conducted, analyzed, and reported for 10 asthma home visiting programs
- Curriculum developed and launched
- Training program, the Asthma Management Academy (AsMA), developed and implemented; at least 25 community health workers and other non-licensed educators, Certified Asthma Educators (AE-Cs), respiratory therapists, and other subject matter experts to be trained in the AsMA

**PROJECT TITLE**

**California Asthma QI Initiative**  
***continued...***

**POPULATION**

Families served by community health workers and other non-licensed health educators trained in the AsMA

**PROGRESS TOWARD TARGET**

- Asthma home visiting program assessment completed
- Curriculum and toolkit developed
- 12 instructors trained to lead and train in the AsMA
- 5 sessions began June 2017
- 90 community health workers have been trained to provide evidence-based asthma self-management education to patients with uncontrolled asthma through the AsMA

**PROJECT TITLE**

**Healthy Stores for a Healthy Community (HSHC) Campaign**

**PROJECT AIM(S)**

In collaboration with the California Department of Public Health (CDPH), (1) improve product placement and marketing in retail stores to reduce tobacco, alcohol, and unhealthful food consumption; (2) improve consumer knowledge of retail marketing strategies that influence tobacco, alcohol, and unhealthful food consumption; and (3) assist county administrators and prevention coordinators in using data from the HSHC Campaign to guide prevention-related activities in retail stores.

**PROJECT START DATE**

07/01/2012

**PROJECT END DATE**

06/30/2022

**BASELINE METRICS/DATA**

[HSHC survey findings](#) that address types of alcohol products available, placement, price, and promotion (2016)

**TARGET METRICS/DATA**

- Collect alcohol products data on an ongoing basis
- Develop and implement a policy platform that identifies policy changed activities to be implemented through 2022
- Work with participating counties to develop and track measurements from 2012-2022; current work focuses on 2016-2019. DHCS created HSHC-related Dashboards that highlight current data and its relevance to youth alcohol use and prevention

NOTE: CDPH is responsible for all components of the HSHC excluding alcohol.

**POPULATION**

Californians

**PROGRESS TOWARD TARGET**

In progress

**PROJECT TITLE**

**Cultural Competency**

**PROJECT AIM(S)**

Increase awareness, support, and utilization of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) among DHCS employees to support the Department's goals of advancing health equity, improving quality, and eliminating health care disparities experienced by Medi-Cal members.

**PROJECT START DATE**

06/01/2016

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

DHCS employees are not required to complete CLAS training. DHCS has not identified an appropriate CLAS training for all staff

**TARGET METRICS/DATA**

100% of DHCS employees complete a DHCS approved CLAS training

**POPULATION**

DHCS employees

**PROGRESS TOWARD TARGET**

Standards identified and staff training has been implemented

**PROJECT TITLE**

**Health Disparities in the Medi-Cal Population Fact Sheets**

**PROJECT AIM(S)**

Continue to develop [fact sheets](#), highlighting the Let's Get Healthy California Task Force Indicators, to identify health inequalities among Medi-Cal members, and then develop initiatives to eliminate disparities.

**PROJECT START DATE**

07/01/2017

**PROJECT END DATE**

10/31/2018

**BASELINE METRICS/DATA**

0 fact sheets

**TARGET METRICS/DATA**

- Phase I (12/2012-09/2013): 24 fact sheets
- Phase II (09/2014-12/2015): 33 total fact sheets
- Phase III (03/2016-03/2017): 39 total fact sheets

**POPULATION**

Medi-Cal members, DHCS employees, and stakeholders

**PROGRESS TOWARD TARGET**

- Phase I: 24 fact sheets by 09/2013
- Phase II: 33 total fact sheets by 10/2015
- Phase III: 33 total fact sheets (82% of target)

**PROJECT TITLE**

**Health Disparities Website**

**PROJECT AIM(S)**

(1) Continue to disseminate health disparities information on the [DHCS website](#); (2) add intervention models that address at least 10% of all fact sheets; (3) expand the number of people who receive e-mail updates about the website; and (4) eliminate health disparities in the Medi-Cal population.

**PROJECT START DATE**

10/01/2013

**PROJECT END DATE**

Ongoing

**BASELINE METRICS/DATA**

As of 12/31/14:

- 515 total pageviews
- 439 unique pageviews
- 0 email list subscribers
- 0 intervention models

**TARGET METRICS/DATA**

By 06/31/2018:

- 20,000 total pageviews
- 15,000 unique pageviews
- 600 email list subscribers
- Intervention models to cover 30% of fact sheets (n=12)

**POPULATION**

Medi-Cal members, DHCS employees, and stakeholders

**PROGRESS TOWARD TARGET**

As of 03/31/2017:

- 18,842 total pageviews
- 13,701 unique pageviews
- 459 email list subscribers
- 18,842 total pageviews
- 13,701 unique pageviews
- 459 email list subscribers

**PROJECT TITLE**

**Prematurity Leadership Council**

**PROJECT AIM(S)**

Partner with statewide stakeholders to eliminate disparities for preterm births and improve outcomes for the African American population in California. The group will develop comprehensive guiding principles for collective impact of African American community groups, perinatal health care, community services, and statewide organizations.

**PROJECT START DATE**

01/2017

**PROJECT END DATE**

09/2020

**BASELINE METRICS/DATA**

13% of African American babies born preterm (LA County)

**TARGET METRICS/DATA**

Reduce African American preterm births to 8.1% by 2020

**POPULATION**

African American infants and their mothers

**PROGRESS TOWARD TARGET**

Convened a summit in September 2017, which brought together Los Angeles providers and leadership to unite with community stakeholders, and African American moms to gain a deeper understanding of contributing factors, build consensus, and prioritize strategies to guide the development of a Community Birth Plan Toolkit to improve African American maternal and infant health.